

Message

From: bounce-33415882-62701352@listserv.unc.edu [bounce-33415882-62701352@listserv.unc.edu]
on behalf of Occupational & Environmental Medicine for Clinicians & Public Health Professionals digest [occ-env-med-l@listserv.unc.edu]
Sent: 8/14/2013 4:18:03 AM
To: occ-env-med-l digest recipients [occ-env-med-l@listserv.unc.edu]
Subject: occ-env-med-l digest: August 13, 2013

OCC-ENV-MED-L Digest for Tuesday, August 13, 2013.

1. "Healthy Workers, Healthy Work": 25 yrs NY State Occup. Health Clinic Network
2. Work-Safe Open Jobs in Occ. Med.; MO & IL
3. HAN 352: Eval. of Severe Resp. Illness w/ Mid-East Resp. Synd. Coronavirus (MERS-CoV)
4. ProMED: Hepatitis A - USA, UK: epidemiology
5. In-Place Filter Testing Workshop
6. New and recent blog posts from OH-world.org

Subject: "Healthy Workers, Healthy Work": 25 yrs NY State Occup. Health Clinic Network
From: Gary Greenberg <gngreenberg@gmail.com>
Date: Tue, 13 Aug 2013 00:10:35 -0400
X-Message-Number: 1

From: Susan E. Dorward [mailto:sed03@health.state.ny.us] *On Behalf Of *ohcn
BML

Sent: Monday, July 29, 2013 10:35 AM
Subject: Registration Now Open - Healthy Workers, Healthy Work
Celebrating 25 years' experience...Mapping the Road Ahead New York State
Occupational Health Clinic Network

*Healthy Workers, Healthy Work** *
*September 18 and 19, 2013 *
*Celebrating 25 Years ~ Mapping the Road Ahead *
*New York State Occupational Health Clinic Network *

*Registration for Conference Attendance *
\$ 200 Physicians
\$ 100 General Attendees (NP, RN, Health & Safety, IH, workers, lawyers,
union members, general attendees)
\$ 60 Reduced Rate* *(for not for profit organizations) *
\$ 50 Residents, Fellows, Students**
*Letter of verification from non-profit required
**Letter of verification from Department Chairman or Chief of Service or
copy of badge identification

*Three Ways to Register: *
1. On-Line: *www.mssm.edu/cme/courses/OHCN2013 *
2. Fax: (see attached registration form)
3. Mail (see attached registration form)

*Location *
New York Academy of Medicine
1216 Fifth Avenue, New York, NY 10029

*Accommodations *
Discounted rooms have been reserved at Courtyard Marriott and will be held
until August 6, 2013. For room reservations, please contact the hotel
directly. Inform the hotel that you will be attending the 25th Anniversary
of the NYS Network of Occupational Health Clinic's Conference. Courtyard
Marriot<<http://www.marriott.com/hotels/travel/nycmh-courtyard-new-york-manhattan-upper-east-side/>>t,
410 East 92nd St. NY, NY 10128, 212-410-6777

Discounted rooms are also available at the Hotel
Wales<<http://gc.synxis.com/rez.aspx?Hotel=15229&Chain=6158&arrive=9/18/2013&depart=9/19/2013&adult=1&child=0&group=133356>>
being
held until August 5th. Contact the hotel directly, mentioning
#133356/booking number 2350. Hotel Wales, 1295 Madison Avenue (between 92nd
& 93rd), New York, NY 10128, 212-876-6000

*Parking *

Merit Parking 107th St. (5th and Madison Ave.)

*Cancellation Policy: *All cancellations must be confirmed in writing to The Page and William Black Post-Graduate School by *September 4, 2013 *for tuition refund. An administrative fee of \$15.00 will be retained. No refunds will be made on cancellations after this date or for "no shows." This event may be eligible for ABIH CM credit. See the ABIH web site CM credit criteria.

*For conference information, please call the Office of CME at 212-731-7950 or email cme@mssm.edu. *

Subject: Work-Safe Open Jobs in Occ. Med.; MO & IL
From: Gary Greenberg <gngreenberg@gmail.com>
Date: Tue, 13 Aug 2013 00:13:58 -0400
X-Message-Number: 2

----- Forwarded message -----
From: jdehart <jdehart@work-safe.org>
Date: Mon, Aug 12, 2013 at 3:43 PM
Subject: Open Jobs in Occ. Med.

I have the following jobs open as shown below. I would like ****

potential candidates to be aware of the openings. Would you please include the following information on the List Serve:

* *

MD / Occupational Medicine Physician

*****Chicago*****, IL*****. and Claycomo, MO.* *****

* Apply by Fax or Email*

* **Full Time, Part Time, & Per Diem positions*

LOCATION: On-Site, Assembly Plant, Occ. Med. Dep. *****

Familiar with Worker's Comp. and OSHA.*****

Clinically evaluates and treats injuries/ illnesses*****

in accordance with practice guidelines. Ensures follow-up*****

of work-related injuries. *****

Experience in Occ. Med., Ortho., E.R.,*****

and /or **Internal** Med.*****

State licensure required. *****

Min. 7 yrs. experience*****

Fax to 313-309-3450 or *****

e-mail **jdehart@work-safe.org*****

** **

Thank you kindly,*****

Jane*****

** **

Jane DeHart*****

Vice President, Operations*****

*****Midwest** **Medical** **Center*****

Work-Safe Occupational Health****

****600 East Woodbridge Place****, 3rd floor****

****Detroit****, MI. 48226****

Office: 313-568-0219****

Fax: 313-309-3450****

e-mail: jdehart@work-safe.org****

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Subject: HAN 352: Eval. of Severe Resp. Illness w/ Mid-East Resp. Synd. Coronavirus (MERS-CoV)
From: "Gary Greenberg, MD" <Gary.Greenberg@duke.edu>
Date: Tue, 13 Aug 2013 01:24:11 -0400
X-Message-Number: 3

----- Forwarded message -----

From: Health Alert Network (CDC) <healthalert@cdc.gov>
Date: Mon, Aug 12, 2013 at 1:21 PM
Subject: HAN 352: Notice to Healthcare Providers and Public Health Officials: Updated Guidance for the Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
To: CDCHAN@lists.aoem.org

This is an official CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network

August 12, 2013, (12:00 PM ET)

CDCHAN-00352

Notice to Healthcare Providers and Public Health Officials: Updated Guidance for the Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Summary

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand the public health risks posed by Middle East Respiratory Syndrome Coronavirus (MERS-CoV). To date, no cases have been reported in the United States. The purpose of this health update is

- 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be tested for MERS-CoV infection,
- 2) to make them aware of changes to CDC's "probable case" definition, and
- 3) to clarify what specimens should be obtained when testing for MERS-CoV. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

Background

MERS-CoV, formerly called novel coronavirus, is a beta coronavirus that was first described in September 2012. As of August 12, 2013, 94 laboratory-confirmed cases have been reported to WHO. Of those cases, 49% (46) were fatal. All diagnosed cases were among people who resided in or traveled from four countries (Kingdom of Saudi Arabia, United Arab Emirates, Qatar, or Jordan) within 14 days of their symptom onset, or who had close contact with people who resided in or traveled from those countries. Cases with a history of travel from these countries or contact with travelers from these countries have been identified in residents of France, the United Kingdom, Tunisia, and Italy. To date, no cases have been reported in the United States. The most up-to-date details about the number of MERS-CoV cases and deaths by country of residence are on CDC's MERS website (<http://www.cdc.gov/coronavirus/mers/index.html>).

Updates to Interim Guidance and Case Definitions

Interim Guidance for Health Professionals: Patients in the U.S. Who Should Be Evaluated

CDC has changed its criteria for who should be evaluated for MERS-CoV. In the previous guidance (HAN 348, dated June 7, 2013), CDC did not recommend MERS-CoV testing for people whose illness could be explained by another etiology. The new guidance states that, in patients who meet certain clinical and epidemiologic criteria, testing for MERS-CoV and other respiratory pathogens can be done simultaneously and that positive results for another respiratory pathogen should not necessarily preclude testing for MERS-CoV.

The new guidance also clarifies recommendations for investigating clusters of severe acute respiratory illness when there is not an apparent link to a MERS-CoV case. Clusters* of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) should be evaluated for common respiratory pathogens and reported to local and state health departments. If the illnesses remain unexplained, testing for MERS-CoV should be considered, in consultation with state and local health departments.

For CDC's updated interim guidance for healthcare professionals, see (<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>).

Case Definitions

CDC has not changed the case definition of a confirmed case, but the criteria for laboratory confirmation have been clarified. CDC has changed its definition of a probable case so that identification of another etiology does not exclude someone from being classified as a "probable case."

For CDC's updated case definitions, see (<http://www.cdc.gov/coronavirus/mers/case-def.html>).

CDC may change its guidance about who should be evaluated and considered a case as we learn more about the epidemiology of MERS-CoV infection and risk of transmission.

Interim Guidance about Testing of Clinical Specimens

CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal (NP/OP) specimens, as well as stool and serum, are strongly recommended. This will increase the likelihood of detecting MERS-CoV infection. For more information, see CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens (<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>). Many state health department laboratories are approved for MERS-CoV testing using the CDC rRT-PCR assay. Contact your state health department to notify them of people who should be evaluated for MERS-CoV and to request MERS-CoV testing. If your state health department is not able to test, contact CDC's EOC at 770-488-7100.

*In accordance with the WHO's guidance for MERS-CoV, a cluster is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks, or recreational camp. See WHO's Interim Surveillance Recommendations for Human Infection with Middle East Respiratory Syndrome Coronavirus (http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoV_infection_27Jun13.pdf).

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##

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Gary Greenberg, MD MPH Sysop / Moderator Occ-Env-Med-L MailList
Univ. N. Carolina School Public Health
Medical Director <http://www.UrbanMin.org>
Urban Ministries of Wake County Open Door Clinic <http://www.OpenDoorDocs.org>
GNGreenberg@gmail.com <http://occhealthnews.net>

Subject: ProMED: Hepatitis A - USA, UK: epidemiology
From: Gary Greenberg <gngreenberg@gmail.com>
Date: Tue, 13 Aug 2013 01:28:34 -0400
X-Message-Number: 4

HEPATITIS A - USA, UK: EPIDEMIOLOGY

A ProMED-mail post <<http://www.promedmail.org>>
ProMED-mail is a program of the International Society for Infectious Diseases
<<http://www.isid.org>>

[1]
Date: Thu 8 Aug 2013
Source: Vaccine News Daily [edited]
<http://vaccinenewsdaily.com/medical_countermeasures/326551-multi-state-hepatitis-a-virus-outbreak-linked-to-pomegranate-seeds-from-turkey/>

The US Centers for Disease Control and Prevention [CDC] announced on Friday [2 Aug 2013] that a multi-state hepatitis A outbreak was traced back to a common shipment of pomegranate seeds from a company in Turkey. Pomegranate seeds from Goknur Foodstuffs Import Export Trading were used by the US company Townsend Farms, Inc., to make Townsend Farms Organic Antioxidant Blend, a product sold from Costco markets. As of Thursday [1 Aug 2013], 10 states reported 158 total cases of hepatitis A after eating the product. While all ill people who reported eating the product bought the antioxidant blend from Costco markets, the product was also sold at Harris Teeter stores. There were no ill people identified who bought the product from Harris Teeter.

The CDC and the US Food and Drug Administration [FDA] determined the major outbreak strain of hepatitis A virus belonged to genotype 1B, which is rarely seen in the Americas but is found in North Africa and the Middle East. The genotype was identified in a 2013 outbreak of hepatitis A virus infections in Europe connected with frozen berries and a 2012 British Columbia outbreak linked to a frozen berry blend with pomegranate seeds from Egypt. There is no evidence that the outbreaks are related to the ongoing US outbreak.

In June [2013], Townsend Farms and another company, Scenic Fruit Company, recalled certain product lots because of potential hepatitis A virus contamination. The FDA is working with the firms that distributed pomegranate seeds from the shipment from Turkey to make sure all seed recipients are notified.

[Byline: Bryan Cohen]

[2]
Date: Fri 9 Aug 2013
Source: Health Protection Report, Volume 7 No 32 [edited]

<<http://www.hpa.org.uk/hpr/archives/2013/news3213.htm#hav>>

Interim audit of hepatitis A enhanced surveillance data

Following the increase in the number of non-travel related HAV [hepatitis A virus] cases sent to the Virus Reference Department for HAV RNA testing and genotyping and HAV contaminated sundried tomatoes causing outbreaks world wide in recent years, enhanced surveillance of HAV was launched in January 2013 to try and better understand the molecular epidemiology of HAV. To date [9 Aug 2013], 208 samples have been received for HAV RNA testing; 60 through enhanced surveillance, 125 through routine diagnostic testing and 23 through both enhanced surveillance and diagnostic testing.

A total of 76 of the samples had no detectable HAV RNA; 132 samples had detectable HAV RNA, all of which could be genotyped except one; 41 were genotype IA (31.1 percent), 45 were genotype IB (34.1 percent) and 45 were genotype IIIA (34.1 percent). Of these cases, 50 had travelled (37.9 percent), 71 had not travelled (53.8 percent) and 11 had no information (8.3 percent). The age of the patients ranged from 1 to 78 years of age with travel associated HAV only being more common than non-travel associated HAV in one age range, 5-9 years.

Age distribution of HAV cases

Non-travel related cases account of 85 percent of the IA sequences. Genotype IA has been implicated in an Italian outbreak; this sequence has not been seen in any cases from England but has been seen in 12 cases in Ireland, 9 of whom had no travel history.

Non-travel related cases account of 66.7 percent of the IB sequences. A total of 3 different strains of genotype IB have been implicated in recent international outbreaks: one linked to frozen berries in 4 Nordic countries, one linked to frozen berries in the USA and one linked to travel to Egypt. Neither of the strains associated with frozen berries have been observed in England but 8 cases that travelled to Egypt were found to have the strain associated with the recent outbreak. The majority of cases with travel history had visited Egypt (73.3 percent). A unique genotype IB sequence has been implicated in an outbreak affecting patients in England, Wales, Scotland and Ireland.

Travel related cases account of 66.7 percent of the IIIA sequences. The majority of cases with travel history had visited Pakistan (80 percent). No international outbreaks have been associated with genotype IIIA.

It is clear that there are significant numbers of non-travel associated HAV cases and typing of cases from known countries increases our ability to determine origin of these strains.

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[Genotyping of outbreak strains of hepatitis A virus infection is helping to identify routes of transmission of hepatitis A virus infection. Travel related cases accounted for 66.7 percent of the IIIA sequences. Genotype IA has been implicated in an Italian outbreak, a genotype that has not been seen in the UK. A hepatitis IB strain was responsible for the multi-state outbreak in the USA referred to in part [1] above. In recent outbreaks, 3 different strains of genotype IB have been implicated: one linked to frozen berries in 4 Nordic countries, one linked to frozen berries in the USA, and one linked to travel to Egypt. Travel related cases in the UK account of 66.7 percent of the IIIA sequences. The majority were linked with travel to Pakistan, where genotype IIIA is uniquely prevalent. Accumulation of such data will help to elucidate the epidemiology of hepatitis A virus infection and facilitate the control of infection by targeted vaccination. - Mod.CP]

.....cp/je/mpp

Subject: In-Place Filter Testing Workshop
From: "Bretton, Mr Peter J" <pbretton@hsph.harvard.edu>
Date: Tue, 13 Aug 2013 17:15:12 +0000
X-Message-Number: 5

Hello List Members:

Harvard School of Public Health is offering a course next week on in-place testing of HEPA filtration systems. The course is heavily attended by those involved in occupational health and safety, so I thought you may be interest. Details on the course are below:

In-Place Filter Testing Workshop

August 19 - 23, 2013 | Boston, MA

<https://ecpe.sph.harvard.edu/Filter-Testing>

Gain the knowledge to test and certify nuclear and non-nuclear systems containing HEPA filtration and gas adsorption systems, verify airflow in ventilation, and understand NRC and DOE requirements for these activities. Wide-ranging ventilation topics are covered, including nuclear and non-nuclear applications relevant to industries including biotechnology, healthcare, pharmaceuticals, energy, and the military. Learning Objectives:

- o Test and certify systems containing HEPA filtration and gas adsorption systems for nuclear and non-nuclear applications
- o Verify airflow in ventilation and air-cleaning systems
- o Operate testing equipment unique to these particular activities
- o Demonstrate an understanding of regulations issued by the Nuclear Regulatory Commission (NRC) and the Department of Energy pertaining to air- and gas-cleaning activities

If you have any questions, please feel free to contact me.

Regards,

Peter J. Bretton

Marketing Specialist

Executive and Continuing Professional Education

Harvard School of Public Health

phone: 617.432.2041 | fax: 617.432.2261

pbretton@hsph.harvard.edu <<mailto:pbretton@hsph.harvard.edu>> | <https://ecpe.sph.harvard.edu/>

Subject: New and recent blog posts from OH-world.org

From: John Cherrie <john.cherrie@iom-world.org>

Date: Tue, 13 Aug 2013 23:02:50 +0100

X-Message-Number: 6

Risk-based exposure limits for carcinogens to be introduced in Germany
The German Institute for Occupational Safety and Health (BAuA) has published a risk-based approach for carcinogenic substances [1]. This document argues that setting occupational exposure limits (OELs) for carcinogens based on what is technically achievable is flawed and that we should instead try to set a limit corresponding to a defined level of risk. This sounds like a good idea but it does produce limits that are much lower than can probably currently be achieved using current state-of-the-art technology. Is this a practical approach? Will it promote greater reduction in exposures in the future?

<http://johncherrie.blogspot.co.uk/2013/08/risk-based-exposure-limits-for.htm>

1

Australian guidance on diesel particulate matter will have little impact
The Australian Institute of Occupational Hygienists (AIOH) have issued updated guidance on diesel exhaust particulate and health risks [1]. The document retains the original recommendation that levels of diesel particulate matter (DPM) should be controlled to below 100 µg/m3, as an 8 hour average value measured as submicron elemental carbon (EC). My view is that this is too high and won't do anything to reduce the risk of lung cancer amongst most exposed workers.

<http://johncherrie.blogspot.co.uk/2013/08/australian-guidance-on-diesel.html>

The British position on occupational exposure to low toxicity dusts must be clarified.

In Britain, the Approved Code of Practice (ACoP) for the Control of Substances Hazardous to Health (COSHH) Regulations is being updated. If you think the position in relation to low toxicity dusts is not sufficiently clear for you to be confident about how you should comply with the Regulations then why not tell the regulator.

<http://johncherrie.blogspot.co.uk/2013/07/the-british-position-on-occupational.html>

Join us in September at the Inhaled Particles Symposium (IPXI).

Go to... www.InhaledParticles.org

Check the blog using the sidebar view...
<http://johncherrie.blogspot.co.uk/?view=sidebar>

Posts you may have missed...

Monitoring for Health Hazards at Work now for iPad and Kindle
Kindle price £37.49 and paperback £49.99 (including VAT)
<http://johncherrie.blogspot.com/2011/08/monitoring-for-health-hazards-at-work.html>

Cancer risks amongst workers exposed to tetrafloroethylene
A recently published study of workers exposed to tetrafloroethylene has failed to identify any risk of cancer [1]. However, despite efforts to include as many exposed workers as possible the study had little power and so more research is needed to clarify whether there is a risk to worker health from exposure.
<http://johncherrie.blogspot.co.uk/2013/07/cancer-risks-amongst-workers-exposed-to.html>

Cholangiocarcinoma
Read about a study from Japan that has identified a cluster of cholangiocarcinoma among offset colour printing workers who were exposed to 1,2-dichloropropane (1,2-DCP) and/or dichloromethane (DCM)
<http://johncherrie.blogspot.co.uk/2013/06/cholangiocarcinoma.html?view=classic>

The BeST meeting
The Beryllium Science & Technology (BeST) association recently held a meeting in Berlin to discuss the setting of an occupational exposure limit for beryllium (Be), and the development of guidelines for the safe use of this metal. Read about this...
<http://johncherrie.blogspot.co.uk/2013/06/the-best-meeting.html>

Is Scotland set to ban smoking in cars where children are present?
Jim Hume, Scottish Liberal Democrat Member of the Scottish Parliament (MSP), has launched a consultation on a ban on smoking in cars where children are present. Will this protect their health?
<http://johncherrie.blogspot.co.uk/2013/06/is-scotland-set-to-ban-smoking-in-cars.html>

Parental use of pesticides and brain cancer risks in their children
Van Maele-Fabry and colleagues from the Université catholique de Louvain carried out a review to investigate associations between brain cancer in kids and parental exposure to pesticides. Read about their results...
<http://johncherrie.blogspot.co.uk/2013/04/parental-use-of-pesticides-and-brain.html>

Details of the next Inhaled Particles Symposium are available at...
www.InhaledParticles.org

Sign up for more information by emailing... conferences@bohs.org

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END OF DIGEST

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To unsubscribe send a blank email from your subscribed address to leave-33415882-62701352.be8dafa7c317e99da964a54f7de9502b@listserv.unc.edu
To send a message to our entire community, please address it to Occ-Env-Med-L@listserv.unc.edu
This is the free Discussion Forum for Clinical & Public Health professionals in Occupational & Environmental Medicine (exposure-related human disease).

Originated at Duke University in 1993, it now is centered at Univ. N. Carolina School of Public Health, where it is still managed by Gary Greenberg, MD

Please contact GNGreenberg@gmail.com for any questions.

Websites:

Searchable archives: <http://archives.occhealthnews.net>
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